

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: ERDS SEC ACCESS GC 27895
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: ERDS SECURE ACCESS

Agency Address Set Contributing Agency:

Department of Justice

09956

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

4949 Broadway

ERDS Program

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95820

(916) 227-8907

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL-

Height:

Weight:

Misc. No:

Agency Billing Number (if applicable)

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

Level of Service

DOJ

FBI

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OCA No. (Agency Identifying No.)

If resubmission, list Original ATI

No.

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed

By:

Date:

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed